

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/698,212-Conf. #1500
	Filing Date	October 31, 2003
	First Named Inventor	Sunay Tripathi
	Art Unit	2151
	Examiner Name	B. Tiv
	Attorney Docket Number	20910/0206210-US0

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Per 37 CFR 10.40(c)(5), the practitioner's client knowingly and freely assents to this termination of employment as another practitioner has been engaged to prosecute this patent application.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address					
City		State		Zip	
Country					
Telephone			Email		
Signature	/John W. Branch/				
Name	John W. Branch		Registration No.	41,633	
Date	April 24, 2008		Telephone No.	(206) 262-8906	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.